

## APPENDIX 1

### CORPORATE AFFAIRS AND AUDIT COMMITTEE – INTERNAL AUDIT OUTCOMES

**Table 1 - Internal Audit Reports Issued in Final**

Audited System /Service	Directorate	Assurance Opinion	Priority			Draft Date	Final Date
			P1	P2	P3		
Domestic Abuse Prevention – Pre Inspection	SC	Moderate	0	6	1	13/09/19	08/10/19
Troubled Families – May to Oct (monthly checks)	CS	Strong	0	0	0	31/05/19 02/07/19 29/08/19 25/09/19 30/10/19 07/11/19 02/12/19	31/05/19 02/07/19 29/08/19 25/09/19 30/10/19 07/11/19 02/12/19
Hot Topic – Workplace Culture, Discrimination and Staff Inequality	Cross	Strong	0	0	0	02/12/19	02/12/19
<b>Total</b>			<b>0</b>	<b>6</b>	<b>1</b>		

**Table 2 – Summary of Findings of Internal Audit Reports Issued in Final that have less than Good Assurance**

Audit Title	Overall Assurance Level	Summary
Domestic Abuse Prevention – Pre Inspection	Moderate	This review confirmed that the Council has a Domestic Abuse Strategy and that the partnership has a defined term of reference. Testing highlighted that acceptable governance arrangements are in place although there are several areas where increased clarity and governance could be strengthened to help the partnership

Audit Title	Overall Assurance Level	Summary
		<p>achieve its aims and objectives. Although there is a need for the Council to consider the robustness of its current strategic approach to the partnership, it is acknowledged that the Council alone cannot be responsible for effective partnership working and that an equal level of engagement and commitment from all partners is key to success.</p> <p>The main issues identified during testing were as follows:</p> <ul style="list-style-type: none"> <li>• There should be greater clarity over how decisions are made by the DASP;</li> <li>• The TOR for the DASP should clearly state organisational roles and responsibilities for key members, and should include suitable arrangements to manage partner disputes and declarations of interest;</li> <li>• The DASP should have clearly defined and measurable performance indicators in place with robust monitoring and reporting arrangements;</li> <li>• The DASP should be regularly attended by all key partners and Council officers;</li> <li>• The DASP should compile a partnership risk register; and</li> <li>• The directorate risk register should be reviewed and updated.</li> </ul>

**Table 3 - Internal Audit Reports Issued in Draft**

Audited System /Service			
	Directorate	Provisional Assurance Opinion	Draft Report Issued
Highways Inspection Management	GP	Moderate	06 Nov 2019
Transporter Bridge	GP	Cause for Considerable Concern	22 Oct 2019
Recruitment and Retention	FGS	Moderate	25 Nov 2019
School Crossing Patrols	GP	Moderate	29 Nov 2019
Hot Topic - Communications: protecting brand and reputation	FGS	Strong	03 Dec 2019
Events Management	GP	Good	03 Dec 2019

**Table 4 – Investigations Completed**

Audited System /Service	Directorate	Allegations Proven or Not Proven	Report Issued
	Alleged Detriment Caused by Raising Concerns	CS	Not
Alleged Breach of Equalities Duty	GP	Not	28 Oct 2019
Alleged Breach of Procurement Process	GP	Not	21 Oct 2019

**Table 5 - Total Outstanding Audit Recommendations (that should have been implemented, based on agreed target date, by 31 October 2019)**

Directorate	Total outstanding actions	P1	P2	P3
Finance, Governance and Support	4	0	3	1
Social Care & Health	7	0	7	0
Children's Services	9	0	7	2
Growth & Place	4	0	3	1
<b>Total</b>	<b>24</b>	<b>0</b>	<b>20</b>	<b>4</b>

The 24 outstanding actions relate to the audits of children's services financial management (6); delivery of short breaks provision (1); highways planning and maintenance (3); compliance with GDPR (2); onestop shop (2); partnership governance (3); place planning for schools (1) and S117 payments (6).

Between 1 April 2019 and 31 October 2019, 96 actions were due to have been implemented (based on the target date agreed at the time of the audit); 24 of these are still outstanding, according to information provided to the auditors.

Internal Audit maintain the actions database and close actions once confirmation that an action has been completed has been received has been received from the managers or action owners. The Auditors request evidence of completion for P1 and P2 actions and rely on management assurance for P3 actions.

**Table 6 – Progress to Implement Outstanding Priority 1 Actions (even if due date has not yet passed)**

Audit Area	Audit recommendation	Target Date	Implemented	Comments
No P1s outstanding				